IN RE APPLICATION OF   CRAIG B. PRATER ET AL

Initial Review

SERIAL NO.:   08/416,1099   "RESPONSE UNDER 37 CFR 1.116"

BOX AF   EXPEDITED PROCEDURE EXAMINING

FILED: april 4, 1995   GROUP / 2212

FOR: SCANNING STYLUS ATOMIC FORCE MICROSCOPE WITH CANTILEVER TRACKING AND OPTICAL ACCESS

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

RECEIVED

APR 0 4 1996

Sir:

Transmitted herewith is an amendment in the above-identified application. **GROUP 2200**

☐   No additional fee is required.

☐   Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement submitted herewith.

☒   Additional documents filed herewith: Letter Requesting Approval For Drawing Changes w/Figs. marked in red

The Fee has been calculated as shown below.

	CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. EXTRA CLAIMS	RATE	CALCULATIONS
TOTAL	* 7	MINUS	** 20	= 0	X $ 22 =	$
INDEP	* 4	MINUS	*** 4	= 0	X $ 78 =	$
	MULTIPLE DEPENDENT CLAIMS				+ $250 =	$
			TOTAL OF ABOVE CALCULATIONS =			$
	Reduction by 50% for filing by Small Entity					$
	Recordation of Assignment				+ $ 40 =	$
					TOTAL	$

___   A check in the amount of $_____ is attached.

 XX   Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

 XX   If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 C.F.R. §1.136, and any additional fees required under 37 C.F.R. §1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Eckhard H. Kuesters
Attorney of Record
Registration No. 28,870

Fourth Floor
1755 Jefferson Davis Highway
Arlington, Virginia
(703) 413-3000
Fax No. (703) 413-2220

   *If the entry in Column 2 is less than the entry in Column 1 write "0" in Column 3.
  **If the "Highest Number Previously paid for" IN THIS SPACE is less than 20 write "20" in this space.
 ***If the "Highest Number Previously paid for" IN THIS SPACE is less than 3 write "3" in this space.
(OSMMN 10/95)